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United States  
Department of  
Agriculture

Animal and  
Plant Health  
Inspection  
Service

Policy and Program Development  
4700 River Road, Unit 149  
Riverdale, MD 20737-1237  
Telephone: 301/734-8963

ENQL 7-1 CY04  
PERMANENT  
Retire 05/09

July 30, 2004

Document Processing Desk [6(a)(2)]  
Office of Pesticide Programs (7504C)  
U.S. Environmental Protection Agency  
Ariel Rios Building  
1200 Pennsylvania Avenue, N.W.  
Washington, DC 20460-0001

ATTN: Norman Spurling

SUBJECT: FIFRA, Section 6(a)(2) aggregate adverse effects incident report

Dear Mr. Spurling:

The Animal and Plant Health Inspection Service (APHIS) remains under injunction from the United States District Court for the Western District of Texas from releasing any private information through which the identity of anyone doing business with Wildlife Services can be determined. In as much as possible, APHIS is submitting an adverse effects incident report in an effort to comply with the reporting requirements of section 6(a)(2) of the Federal Insecticide, Fungicide and Rodenticide Act. This report is for the following pesticide product for the reporting period of July 30, 2004.

EPA Reg. No. 56228-15M-44 Cyanide Capsules  
Active Ingredient: CAS No. 143-33-9  
Sodium Cyanide

-001 {

<u>Incident Category</u>	<u>No. of Incidents</u>
W-B	1
D-A	1

Please direct any questions pertaining to this adverse incident report to Kenneth Dial at (301) 734-8378 or e-mail [kenneth.dial@aphis.usda.gov](mailto:kenneth.dial@aphis.usda.gov).

Sincerely,

Carl Bausch  
Chief, Environmental Services  
Policy and Program Development

Enclosure

**APHIS** Safeguarding American Agriculture  
APHIS is an agency of USDA's Marketing and Regulatory Programs  
An Equal Opportunity Provider and Employer

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

**6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT**

INCIDENT CODE  W-B	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 12-29-03	ES USE ONLY REPORT NUMBER
	Date <input checked="" type="checkbox"/> New 12-29-03	<input type="checkbox"/> Update		

EMPLOYEE NAME (To contact for additional information)	TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)	TELEPHONE NUMBER
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DUTY STATION ADDRESS	ADDRESS
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INCIDENT LOCATION			SOURCE OF INFORMATION		
CITY	STATE	COUNTY	<input checked="" type="checkbox"/> Self	<input type="checkbox"/> Telephone Call	<input type="checkbox"/> Letter
			<input type="checkbox"/> Media	<input type="checkbox"/> Oral Report	<input type="checkbox"/> Other

EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)

M-44 discharge

INCIDENT SITE [examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway)]	SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: [examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation]
Rangeland/Pasture	M-44's maintained on property.

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 Cyanide Capsule	ACTIVE INGREDIENT Sodium Cyanide	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable) N/A	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

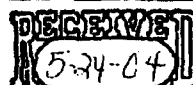
IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

M-44's set on property to protect cattle from predation by coyotes. M-44 was discharged by one non-target raccoon.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE



<b>DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM</b>	<b>ES USE ONLY</b>
	REPORT NUMBER

<b>"X" ONE</b> <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	<b>"X" ONE</b> <input type="checkbox"/> Domestic <input checked="" type="checkbox"/> Wild	<b>NUMBER OR ACRES AFFECTED</b> 1
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<b>SPECIES COMMON NAME</b> raccoon	<b>BREED (if known)</b>
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**DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS**

killed

**IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (If available, attach copies):**

N/A

**MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)**

none

**PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (Include brief description of baiting if applicable)**

M-44 Capsule

<b>WAS PREBAITING USED ON THE SITE (Describe)</b> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
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**DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED**

Pasture (resource was calves)

**ADDITIONAL FACTORS**

<b>NAME OF PREPARER</b>	<b>SIGNATURE</b>	<b>DATE</b>
<b>NAME OF SUPERVISOR</b>	<b>SIGNATURE</b>	<b>DATE</b>

U.S. DEPARTMENT OF AGRICULTURE  
ANIMAL AND PLANT HEALTH INSPECTION SERVICE  
WILDLIFE SERVICES

RECEIVED

APR 29 2004

6(a)(2) ADVERSE EFFECTS INCIDENT INFORMATION REPORT

INCIDENT CODE  D-A	INCIDENT STATUS		DATE WS BECAME AWARE OF THE INCIDENT 03-10-04	ES USE ONLY REPORT NUMBER 00
	Date <input checked="" type="checkbox"/> New 03-19-04 03-20-04	Date of last submission <input type="checkbox"/> Update		
EMPLOYEE NAME (To contact for additional information)	TELEPHONE NUMBER	CONTACT NAME (If Non-APHIS)		TELEPHONE NUMBER
DUTY STATION ADDRESS		ADDRESS		
INCIDENT LOCATION		SOURCE OF INFORMATION		
CITY	STATE	COUNTY	<input checked="" type="checkbox"/> Self <input type="checkbox"/> Telephone Call <input type="checkbox"/> Letter <input type="checkbox"/> Media <input type="checkbox"/> Oral Report <input type="checkbox"/> Other	
EXPOSURE TYPE (Examples include spill, splash, drift, runoff or other.)				

INCIDENT SITE (examples include commercial or residential sites, forest/woods, agricultural (specify crop), rangeland/pasture, noncrop area, fallow field, public lands (specify), recreational area (specify), right-of-way (rail, utility, highway))

RANGELAND - PRIVATE PROPERTY

SITUATION RELATING TO PRODUCT ADVERSE INCIDENT: (examples include application, mixing/loading, reentry, during transport, repair/maintenance of application equipment, during manufacturing/formulation)

EPA REGISTRATION NUMBER 56228-15	PRODUCT NAME M-44 CAPSULE	ACTIVE INGREDIENT SODIUM CYANIDE	
WAS THE PRODUCT <input checked="" type="checkbox"/> Concentrated <input type="checkbox"/> Diluted	WHAT WAS THE DILUTION RATIO (If applicable)	WERE THE LABEL DIRECTIONS FOLLOWED <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	WAS THE APPLICATOR CERTIFIED (If applicable) <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No

IS THERE EVIDENCE OF INTENTIONAL MISUSE (If "Yes", explain)

☐ Yes ☒ No

SUMMARY OF THE INCIDENT (Attach supplemental form if needed)

1 M-44 CAPSULE FIRED BY A GERMAN SHEPHERD WITH COLLAR AND NO TAGS OR ID. IDENTIFICATION.

NAME OF PREPARER	SIGNATURE	TELEPHONE NUMBER	DATE
NAME OF SUPERVISOR	SIGNATURE	TELEPHONE NUMBER	DATE

WS FORM 160-R (June 99)

(Local Reproduction Authorized)

RECEIVED  
5-20-04

DOMESTIC ANIMAL, FAUNA, OR FLORA INCIDENT - SUPPLEMENTAL REPORT FORM	ES USE ONLY
	REPORT NUMBER

"X" ONE <input type="checkbox"/> Amphibian <input type="checkbox"/> Fish <input type="checkbox"/> Bird <input checked="" type="checkbox"/> Mammal <input type="checkbox"/> Invertebrate <input type="checkbox"/> Reptile <input type="checkbox"/> Plant	"X" ONE <input checked="" type="checkbox"/> Domestic <input type="checkbox"/> Wild	NUMBER OR ACRES AFFECTED
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SPECIES COMMON NAME <i>DOG</i>	BREED (if known) <i>GERMAN SHEPHERD</i>
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DESCRIBE SIGNS, SYMPTOMS, ADVERSE EFFECTS  
*GERMAN SHEPHERDS PULLED 1 M-44 UNIT AND DIED.  
 DOG HAD ON A RED COLLAR WITH NO TAGS.*

IF LABORATORY TESTS WERE PERFORMED, LIST NAME OF TEST(S) AND RESULTS (if available, attach copies):

MAGNITUDE OF THE EFFECT (e.g., miles of streams, square area of terrestrial habitat)

PESTICIDE APPLICATION RATE AND METHOD OF APPLICATION (include brief description of baiting if applicable)  
*4 M-44 UNITS WERE PLACED AT A COW BARBERS*

WAS PREBATING USED ON THE SITE (Describe)  
☐ Yes ☒ No

DESCRIPTION OF THE HABITAT AND CIRCUMSTANCES UNDER WHICH THE INCIDENT OCCURRED  
*OPEN RANGE - PASTURE. DOG TRESPASSED ONTO PROPERTY  
 AND PULLED 1 UNIT*

ADDITIONAL FACTORS

NAME OF PREPARER	SIGNATURE	DATE
NAME OF SUPERVISOR	SIGNATURE	DATE